

Notification & Review Process for Substantiated Maltreaters

Introduction

The following guide outlines the notification and review process for an alleged maltreater upon supervisory approval of a substantiated Initial Assessment.

The guide addresses:

- Sending a Notification of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review
- Sending a Notice of Final Determination of Substantiated Child Maltreatment and Right to Request an Appeal - (No Response)
- Overriding the Notice of Right to Review Timeline
- Creating a Review & Final Determination of Substantiated Child Maltreatment - (Review Occurred)
- Voiding a Review entered in Error
- Viewing the Review/Appeals Record page
- Maltreater Review/Appeal Imaging

Related Quick Reference Guides:

[Documenting a Maltreater Appeal](#)

[Imaging Case](#)

[Initial Assessment – Primary \(Clinical\)](#)

[Initial Assessment – Narrative \(Actuarial\)](#)

[Initial Assessment – Secondary \(Clinical\)](#)

[Serious Incident \(Act 78\) Guide](#)

[Tickler Creation and Removal Information](#)

Sending a Notification of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review

Note: Case assignment is required to enter information on the Reviews tab, with the exception of the supervisor who approved the substantiated IA.

1. Upon supervisory approval, the Reviews tab appears. Names of any substantiated maltreaters appear in the Review History group box. The date for the Notice to Be Mailed By is automatically calculated and prefills. Click the [Text](#) hyperlink to launch the Notification of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review.

https://apps.dcf.wisconsin.gov/ - Assessment - Windows Internet Explorer

eWiSACWIS UAT Resource TM Print Spell Check REC Help ?

Assessment
Name: Pumpkin, Mom Assessment ID: 9222091 Status: Open

Report
Response Time: Within 24 - 48 Hours Date: 02/01/2015

Participants **Basic** Allegations Contacts Results **Reviews**

Review History

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | | Response Due | Response Received | Review Status |
|--------------------------|---------------------|------------------------|--------------------------|------------|----------------------|--------------|-------------------|--------------------|
| Dad Pumpkin | 02/09/2015 | 02/10/2015 | <input type="checkbox"/> | 00/00/0000 | Text | 00/00/0000 | 00/00/0000 | |
| Mom Pumpkin | 02/09/2015 | 02/10/2015 | <input type="checkbox"/> | 00/00/0000 | Text | 00/00/0000 | 00/00/0000 | |
| Unknown Unknown | 02/09/2015 | N/A | <input type="checkbox"/> | N/A | | N/A | 00/00/0000 | Unknown Maltreater |

Options:

100%

Note: Upon approval of a substantiated assessment a Create Notice of Right to Review tickler/system task is immediately created for the primary worker* and escalated tickler/task for the supervisor who approved the IA.

* If no primary worker is assigned, then it will go to the assessment worker who completed the IA.

- Enter information into the user entered fields. When complete, print the template and click Close & Return to eWiSACWIS to return to the Reviews tab.

Notice of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review

Use of form: This form will be used to finalize the child maltreatment initial determination. Personally identifiable information on the form will be used for identification purposes only.

Date of Notice of Initial Determination of Substantiated Child Maltreatment: 02/09/2015

Dad Pumpkin
123 Main St
Madison, WI 53701

Dear Dad Pumpkin:

Our agency has completed its investigation of suspected child maltreatment, i.e. child abuse and/or child neglect. Based on the definitions of child abuse and/or child neglect in Wisconsin Statutes (see Attachment A for more information regarding Wisconsin's legal definition), our agency has made an Initial Determination of Substantiated Child Maltreatment. Our agency has concluded as part of this investigation, that the following child or children were abused and/or neglected by you as follows:

You were substantiated for Physical Abuse of Kid One Pumpkin.
The basis for this determination is as follows: Basis...

You were substantiated for Physical Abuse of Kid Two Pumpkin.
The basis for this determination is as follows:

Review of an Initial Determination of Substantiated Maltreatment

You may request a review of an Initial Determination of Substantiated Child Maltreatment. The review will be heard by an agency representative who was not involved in the investigation of initial determination that you abused and/or neglected the child or the children.

At this review, you can respond to any one or each (if multiple) Initial Determination of Substantiated Child Maltreatment. You can give your account of the incident(s) and provide written statements or documents that are relevant to whether you maltreated the child or children named above. You will not be permitted to present witnesses and will not have the right to question agency staff. You may hire an attorney to assist you in the review. For more information on this review process, see Wisconsin Administrative Code Section DCF40.03.

To request a review, complete the enclosed form, **Initial Determination of Substantiated Child Maltreatment Review Request**, and mail or hand deliver the fully completed form to the address of the agency as provided on the letterhead of this document above. The deadline to request a review is within fifteen (15) days after the date of this letter, i.e. the **Notice of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review**. If you mail your fully completed **Initial Determination of Substantiated Child Maltreatment Review Request** form, it will be considered to be received by the agency as of the date of the postmark.

You do not have to request a review. The review process provides you with an opportunity to present information that you believe will help ensure the most accurate Final Determination of Substantiated Child Maltreatment(s) are established.

- On the Reviews tab, the Date Sent will prefill to today's date. Click the Save button to enable the Sent checkbox. Click the Sent checkbox and Save again to mark the letter as Sent.

| Review History | | | | | | | | |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|----------------------|--------------|-------------------|--------------------|
| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | | Response Due | Response Received | Review Status |
| Dad Pumpkin | 02/09/2015 | 02/10/2015 | <input checked="" type="checkbox"/> | 02/09/2015 | Text | 00/00/0000 | 00/00/0000 | |
| Mom Pumpkin | 02/09/2015 | 02/10/2015 | <input type="checkbox"/> | 00/00/0000 | Text | 00/00/0000 | 00/00/0000 | |
| Unknown Unknown | 02/09/2015 | N/A | <input type="checkbox"/> | N/A | | N/A | 00/00/0000 | Unknown Maltreater |

4. Upon Save, the template will become frozen and the [Text](#) hyperlink will change to [View](#). The date for the Response Due (from the maltreater) is automatically calculated and prefills.

| Review History | | | | | | | | |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|----------------------|--------------|-------------------|--------------------|
| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | | Response Due | Response Received | Review Status |
| Dad Pumpkin | 02/09/2015 | 02/10/2015 | <input checked="" type="checkbox"/> | 02/09/2015 | View | 02/24/2015 | 00/00/0000 | Awaiting Response |
| Mom Pumpkin | 02/09/2015 | 02/10/2015 | <input type="checkbox"/> | 00/00/0000 | Text | 00/00/0000 | 00/00/0000 | |
| Unknown Unknown | 02/09/2015 | N/A | <input type="checkbox"/> | N/A | | N/A | 00/00/0000 | Unknown Maltreater |

Note: The Create Notice of Right to Review tickler is deleted and task marked as complete once the letter is marked as ‘Sent’.

5. Repeat these steps for each Maltreater listed.

Note: A substantiated ‘Unknown’ maltreater will be listed on the Reviews tab, but no notification is required to be sent.

Sending a Final Determination of Substantiated Child Maltreatment and Right to Request an Appeal – (No Response)

If a maltreater does not request a review and the Response Due date passes, overnight eWiSACWIS processing will:

- Insert the No Response Received group box with the maltreater(s) on the Reviews tab.
 - Update the maltreater Review Status to 'No Response-Final'.
 - Create a No Response Letter Due Tickler/Task for the primary worker and supervisor.
1. Open the substantiated assessment and select the Reviews tab. The date for the Determination to Be Mailed By is automatically calculated and prefills. Click the [Text](#) hyperlink to launch the Notification of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review.

The screenshot shows the eWiSACWIS UAT interface in a web browser. The URL is https://apps.dcf.wisconsin.gov/?action=EDIT&IVGN_ID_CASE=9224140&IVGN_ID_INVS=9222091. The page title is "Assess - Windows Internet Expl...". The interface has a navigation bar with "Resource", "TM", "Print", "Spell Check", and "Help". The main content area is divided into two tabs: "Assessment" and "Report". The "Assessment" tab is active, showing "Name: Pumpkin, Mom", "Assessment ID: 9222091", and "Status: Open". The "Report" tab shows "Response Time: Within 24 - 48 Hours" and "Date: 02/01/2015". Below the tabs is a navigation bar with "Participants", "Basic", "Allegations", "Contacts", "Results", and "Reviews". The "Reviews" tab is selected. The "Review History" section contains a table with the following data:

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | Response Due | Response Received | Review Status | |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|----------------------|-------------------|--------------------|---------------------|
| Dad Pumpkin | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/20/2015 | 00/00/0000 | No Response - Final |
| Mom Pumpkin | 02/09/2015 | 02/10/2015 | <input checked="" type="checkbox"/> | 02/09/2015 | View | 02/24/2015 | 00/00/0000 | Awaiting Response |
| Unknown Unknown | 02/09/2015 | N/A | <input type="checkbox"/> | N/A | N/A | 00/00/0000 | Unknown Maltreater | |

Below the table is a section titled "No Response Received" with the text: "The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40." This section contains a table with the following data:

| Substantiated Maltreater | Determination To Be Mailed By | Sent | Date Sent | |
|--------------------------|-------------------------------|--------------------------|------------|----------------------|
| Dad Pumpkin | 01/26/2015 | <input type="checkbox"/> | 00/00/0000 | Text |

Below the table is a button labeled "Launch notification document for the current row". At the bottom of the interface, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser status bar shows "100%" zoom.

2. Enter information into the user entered fields. When complete, print the template and click Close & Return to eWiSACWIS to return to the Reviews tab.

1 2 3 4 5 6 7 8

Notice of Final Determination of Substantiated Child Maltreatment and Right to Request an Appeal

Use of form: This form will be used to finalize the child maltreatment initial determination. Personally identifiable information on the form will be used for identification purposes only.

Date of Notice of Final Determination of Substantiated Child Maltreatment: 02/10/2015

DadPumpkin
123 Main St
Madison, WI 53701

Dear DadPumpkin:

As described in the **Notice of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review** letter dated 01/05/2015, our agency concluded the following child or children were abused and/or neglected by you as follows:

You were substantiated for **Physical Abuse** of Kid One Pumpkin.
The basis for this determination is as follows: Basis.....

You were substantiated for **Physical Abuse** of Kid Two Pumpkin.
The basis for this determination is as follows: Basis...

This letter provides the Final Determination of Substantiated Child Maltreatment for each Initial Determination of Substantiated Child Maltreatment listed above and provides you with information regarding how you can appeal a Final Determination of Substantiated Child Maltreatment.

Final Determination of Substantiated Child Maltreatment

Based on our agency's investigation and subsequent agency review, the following are the final results for each of the Initial Determination of Substantiated Child Maltreatment listed above:

Physical Abuse of Kid One Pumpkin resulting in a Final Determination of Child Maltreatment of **substantiated**.
The reason for the final determination is as follows: Reason...

Physical Abuse of Kid Two Pumpkin resulting in a Final Determination of Child Maltreatment of **substantiated**.
The reason for the final determination is as follows: Reason...

Right to Appeal a Final Determination of Substantiated Child Maltreatment

As described in the letter providing you with the **Notice of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review**, you may request an appeal hearing at the Wisconsin Division of Hearings and Appeals for any Final Determination of Substantiated Child Maltreatment. At an appeal hearing, you may present relevant evidence, including written or documentary evidence, testimony, and may examine and cross-examine witnesses. You may have any attorney or other type of representative assist you at the appeals hearing.

3. On the Reviews tab, the Date Sent will prefill to today's date. Click the Save button to enable the Sent checkbox. Click the Sent checkbox and Save again to mark the letter as 'Sent'.

No Response Received

The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40.

| Substantiated Maltreater | Determination To Be Mailed By | Sent | Date Sent | |
|--------------------------|-------------------------------|-------------------------------------|------------|----------------------|
| Dad Pumpkin | 01/26/2015 | <input checked="" type="checkbox"/> | 02/10/2015 | Text |

4. Upon Save, the template is frozen and the [Text](#) hyperlink changed to [View](#).

| No Response Received | | | | |
|--|-------------------------------|-------------------------------------|------------|----------------------|
| The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40. | | | | |
| Substantiated Maltreater | Determination To Be Mailed By | Sent | Date Sent | |
| Dad Pumpkin | 01/26/2015 | <input checked="" type="checkbox"/> | 02/10/2015 | View |

Note: The No Response Letter Due tickler is deleted and task marked as complete once the letter is marked as 'Sent'.

5. Repeat these steps for each Maltreater listed.

Overriding the Notification of Right to Review Timeline

The Override Notice of Right to Review page is used to:

- Mark a previously mailed letter to a maltreater as returned as 'Undeliverable' from the Post Office
 - Restart the Review timeline and Resend the Notice of Right to Review
1. To access the page, go to the Reviews tab of the substantiated initial assessment. Select 'Override Notification of Right to Review' from the Options drop-down and click Go.

The screenshot shows the eWiSACWIS UAT web application interface. The browser address bar displays 'https://apps.dcf.wisconsin.gov/ - Assessment - Windows Internet Explorer'. The application header includes the 'eWiSACWIS UAT' logo and navigation links for Resource, TM, Print, Spell Check, and Help. The main content area is divided into two tabs: 'Assessment' and 'Report'. The 'Assessment' tab is active, showing 'Name: Patch, Mom', 'Assessment ID: 9222131', and 'Status: Open'. The 'Report' tab shows 'Response Time: Within 5 business days' and 'Date: 02/01/2015'. Below the tabs is a navigation bar with links for Participants, Basic, Allegations, Contacts, Results, and Reviews. The 'Reviews' tab is selected, displaying a 'Review History' table. This table has columns for Substantiated Maltreater, Assessment Approved, Notice To Be Mailed By, Sent, Date Sent, Response Due, Response Received, and Review Status. Two rows are shown: 'Dad Patch' and 'Mom Patch', both with 'No Response - Final' status. Below the table is a section titled 'No Response Received' with a message: 'The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40.' This section contains another table with columns for Substantiated Maltreater, Determination To Be Mailed By, Sent, and Date Sent. Two rows are shown: 'Dad Patch' and 'Mom Patch', both with '00/00/0000' in the Date Sent column. At the bottom of the page, there is an 'Options:' dropdown menu with a 'Go' button. The dropdown menu is open, showing 'Actions' and 'Override Notification of Right to Review'. There are also 'Save' and 'Close' buttons at the bottom right.

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | Response Due | Response Received | Review Status | |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|----------------------|-------------------|---------------|---------------------|
| Dad Patch | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/15/2015 | 00/00/0000 | No Response - Final |
| Mom Patch | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/15/2015 | 00/00/0000 | No Response - Final |

| Substantiated Maltreater | Determination To Be Mailed By | Sent | Date Sent | |
|--------------------------|-------------------------------|-------------------------------------|------------|----------------------|
| Dad Patch | 01/20/2015 | <input checked="" type="checkbox"/> | 02/12/2015 | View |
| Mom Patch | 01/20/2015 | <input type="checkbox"/> | 00/00/0000 | Text |

Options: Go

[Actions](#)

[Override Notification of Right to Review](#)

Save Close

100%

- When opened, the page displays any previously mailed Notice of Right to Review and Final Determination of No Response Received. To mark a letter undeliverable as by the Post Office, select the Returned as Undeliverable checkbox. This enables the date field. Enter the Date Returned. Click Save when finished. The row is now frozen and disabled. Click Close to return to the Reviews tab.

Override Notice of Right to Review -- Webpage Dialog

eWiSACWIS UAT TM Print Spell Check Help

Previously Mailed Notice of Right to Review

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Date Sent | | Response Due | Returned as Undeliverable | Date Returned |
|--------------------------|---------------------|------------------------|------------|----------------------|--------------|-------------------------------------|---------------|
| Dad Patch | 01/04/2015 | 01/05/2015 | 01/05/2015 | View | 01/15/2015 | <input type="checkbox"/> | 00/00/00 |
| Mom Patch | 01/04/2015 | 01/05/2015 | 01/05/2015 | View | 01/15/2015 | <input checked="" type="checkbox"/> | 00/00/00 |

Enter a date. mmddyyyy or mm/d

Previously Mailed Final Determination - No Response Received

| Substantiated Maltreater | Determination To Be Mailed By | Date Sent | | Returned as Undeliverable | Date Returned |
|--------------------------|-------------------------------|------------|----------------------|---------------------------|---------------|
| Dad Patch | 01/20/2015 | 02/12/2015 | View | <input type="checkbox"/> | 00/00/00 |

Resend Notice of Right to Review
Resending this notice will restart the Review timeline.

| Substantiated Maltreater | Date Resent | Reason(s) | Approval |
|--------------------------|-------------|-----------|----------|
| <input type="text"/> | | | |

[Insert](#)

Options: [Go](#) [Save](#) [Close](#)

Note: If a Review has been started for the maltreater, the checkbox will be disabled.

- The Review Status is updated as 'Undeliverable'.

https://apps.dcf.wisconsin.gov/ - Assessment - Windows Internet Explorer

eWiSACWIS UAT Resource TM Print Spell Check Help

Assessment
Name: Patch, Mom Assessment ID: 9222131 Status: Open

Report
Response Time: Within 5 business days Date: 02/01/2015

Participants Basic Allegations Contacts Results **Reviews**

Review History

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | | Response Due | Response Received | Review Status |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|----------------------|--------------|-------------------|----------------------|
| Dad Patch | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/15/2015 | 00/00/0000 | No Response - Final |
| Mom Patch | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/15/2015 | 00/00/0000 | Undeliverable |

No Response Received
The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40.

| Substantiated Maltreater | Determination To Be Mailed By | Sent | Date Sent | |
|--------------------------|-------------------------------|-------------------------------------|------------|----------------------|
| Dad Patch | 01/20/2015 | <input checked="" type="checkbox"/> | 02/12/2015 | View |
| Mom Patch | 01/20/2015 | <input type="checkbox"/> | 00/00/0000 | Text |

Options: [Go](#) [Save](#) [Close](#)

100%

- If a new address is available for a maltreater, and the Notice of Right to Review (a.k.a. Notification of Initial Determination and Right to Request a Review) needs to be resent, first, go to Case Management and update the maltreater's address in their Person Management record.

- Next, go to the Override Notice of Right to Review page. Click Insert in the Resend Notice of Right to Review group box and select the maltreater in the drop-down list. Enter a reason for resending the notice, and click the [Text](#) hyperlink to launch the Notice of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review.

Override Notice of Right to Review -- Webpage Dialog

eWiSACWIS UAT TM Print Spell Check Help

Previously Mailed Notice of Right to Review

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Date Sent | | Response Due | Returned as Undeliverable | Date Returned |
|--------------------------|---------------------|------------------------|------------|----------------------|--------------|-------------------------------------|---------------|
| Dad Patch | 01/04/2015 | 01/05/2015 | 01/05/2015 | View | 01/15/2015 | <input type="checkbox"/> | 00/00/00 |
| Mom Patch | 01/04/2015 | 01/05/2015 | 01/05/2015 | View | 01/15/2015 | <input checked="" type="checkbox"/> | 02/11/2015 |

Previously Mailed Final Determination - No Response Received

| Substantiated Maltreater | Determination To Be Mailed By | Date Sent | | Returned as Undeliverable | Date Returned |
|--------------------------|-------------------------------|------------|----------------------|---------------------------|---------------|
| Dad Patch | 01/20/2015 | 02/12/2015 | View | <input type="checkbox"/> | 00/00/00 |

Resend Notice of Right to Review
Resending this notice will restart the Review timeline.

| Substantiated Maltreater | Date Resent | | Reason(s) | Approval |
|--------------------------|-------------|----------------------|--|----------|
| Mom Patch | 00/00/0000 | Text | Returned by Post Office with forwarding address. | |

[Insert](#)

Options: [Go](#) [Save](#) [Close](#)

- Enter information into the user entered fields. When complete, print the template and click Close & Return to eWiSACWIS to return to the Reviews tab.

Notice of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review

Use of form: This form will be used to finalize the child maltreatment initial determination. Personally identifiable information on the form will be used for identification purposes only.

Date of Notice of Initial Determination of Substantiated Child Maltreatment: 02/12/2015

Mom Patch
PO BOX 555
Monona, WI 53716

Dear Mom Patch:

Our agency has completed its investigation of suspected child maltreatment, i.e. child abuse and/or child neglect. Based on the definitions of child abuse and/or child neglect in Wisconsin Statutes (see Attachment A for more information regarding Wisconsin's legal definition), our agency has made an Initial Determination of Substantiated Child Maltreatment. Our agency has concluded as part of this investigation, that the following child or children were abused and/or neglected by you as follows:

You were substantiated for Neglect of Teenager Patch.
The basis for this determination is as follows: Basis...

- Next, send the Resend Notice of Right to Review for approval.

Override Notice of Right to Review -- Webpage Dialog

eWiSACWIS UAT TM

Previously Mailed Notice of Right to Review

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Date Sent | | Response Due | Returned as Undeliverable | Date Returned |
|--------------------------|---------------------|------------------------|------------|----------------------|--------------|-------------------------------------|---------------|
| Dad Patch | 01/04/2015 | 01/05/2015 | 01/05/2015 | View | 01/15/2015 | <input type="checkbox"/> | 00/00/00 |
| Mom Patch | 01/04/2015 | 01/05/2015 | 01/05/2015 | View | 01/15/2015 | <input checked="" type="checkbox"/> | 02/11/2015 |

Previously Mailed Final Determination - No Response Received

| Substantiated Maltreater | Determination To Be Mailed By | Date Sent | | Returned as Undeliverable | Date Returned |
|--------------------------|-------------------------------|------------|----------------------|---------------------------|---------------|
| Dad Patch | 01/20/2015 | 02/12/2015 | View | <input type="checkbox"/> | 00/00/00 |

Resend Notice of Right to Review

Resending this notice will restart the Review timeline.

| Substantiated Maltreater | Date Resent | | Reason(s) | Approval |
|--------------------------|-------------|----------------------|--|----------|
| Mom Patch | 02/12/2015 | Text | Returned by Post Office with forwarding address. | |

[Insert](#)

Options: Approval [Go](#)

[Actions](#)
[Approval](#)

[Save](#) [Close](#)

Note: A Resend Notice of Right to Review must be approved before another Resend Notice of Right to Review can be inserted for another maltreater.

8. Once approved, the timeline for the maltreater review will be reset and Review Status changed to 'Awaiting Response'. **Overridden** will display in the Column header to indicate a maltreater timeline has been Overridden. To view the details, reopen the Override Notice of Right to Review page.

https://apps.dcf.wisconsin.gov/ - Assessment - Windows Internet Explorer

eWiSACWIS UAT Resource TM Print Spell Check Help

Assessment
 Name: Patch, Mom Assessment ID: 9222131 Status: Open

Report
 Response Time: Within 5 business days Date: 02/01/2015

Participants Basic Allegations Contacts Results **Reviews**

Review History

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent (Overridden) | | Response Due | Response Received | Review Status |
|--------------------------|---------------------|------------------------|-------------------------------------|----------------------------------|----------------------|--------------|-------------------|---------------------|
| Dad Patch | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/15/2015 | 00/00/0000 | No Response - Final |
| Mom Patch | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 02/12/2015 | View | 02/27/2015 | 00/00/0000 | Awaiting Response |

No Response Received
 The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40.

| Substantiated Maltreater | Determination To Be Mailed By | Sent | Date Sent | |
|--------------------------|-------------------------------|-------------------------------------|------------|----------------------|
| Dad Patch | 01/20/2015 | <input checked="" type="checkbox"/> | 02/12/2015 | View |
| Mom Patch | 01/20/2015 | <input type="checkbox"/> | 00/00/0000 | Text |

Options: [Go](#) [Save](#) [Close](#)

100%

9. The page retains the history of previously sent letters and the Resend Notice of Right to Review with approval history.

| Previously Mailed Notice of Right to Review | | | | | | | |
|---|---------------------|------------------------|------------|----------------------|--------------|-------------------------------------|---------------|
| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Date Sent | | Response Due | Returned as Undeliverable | Date Returned |
| Dad Patch | 01/04/2015 | 01/05/2015 | 01/05/2015 | View | 01/15/2015 | <input type="checkbox"/> | 00/00/00 |
| Mom Patch | 01/04/2015 | 01/05/2015 | 01/05/2015 | View | 01/15/2015 | <input checked="" type="checkbox"/> | 02/11/2015 |

| Previously Mailed Final Determination - No Response Received | | | | | |
|--|-------------------------------|------------|----------------------|---------------------------|---------------|
| Substantiated Maltreater | Determination To Be Mailed By | Date Sent | | Returned as Undeliverable | Date Returned |
| Dad Patch | 01/20/2015 | 02/12/2015 | View | <input type="checkbox"/> | 00/00/00 |

| Resend Notice of Right to Review | | | | |
|---|-------------|----------------------|--|----------------------------------|
| Resending this notice will restart the Review timeline. | | | | |
| Substantiated Maltreater | Date Resent | | Reason(s) | Approval |
| Mom Patch | 02/12/2015 | View | Returned by Post Office with forwarding address. | Approval History |

[Insert](#)

Creating a Review & Final Determination of Substantiated Child Maltreatment – (Review Occurred)

In order to create a Review, the Response Received date must first be documented on the Reviews tab of the associated substantiated Initial Assessment. The date must be on or before the Response Due date.

1. Go to the Reviews tab of the substantiated assessment. Enter the date the Response Received was received from the maltreater and click Save.

https://apps.dcf.wisconsin.gov/ - Assessment - Windows Internet Explorer

eWiSACWIS UAT Resource TM Print Spell Check Help

Assessment
Name: Pumpkin, Mom Assessment ID: 9222091 Status: Open

Report
Response Time: Within 24 - 48 Hours Date: 02/01/2015

Participants Basic Allegations Contacts Results **Reviews**

Review History

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | Response Due | Response Received | Review Status |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|---------------------------------|---|---------------------|
| Dad Pumpkin | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View 01/20/2015 | 00/00/0000 | No Response - Final |
| Mom Pumpkin | 02/09/2015 | 02/10/2015 | <input checked="" type="checkbox"/> | 02/09/2015 | View 02/24/2015 | 00/00/0000 | Awaiting Response |
| Unknown Unknown | 02/09/2015 | N/A | <input type="checkbox"/> | N/A | N/A | Enter a date. mmddyyyy or mm/dd/yyyy | |

No Response Received
The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40.

| Substantiated Maltreater | Determination To Be Mailed By | Sent | Date Sent | |
|--------------------------|-------------------------------|-------------------------------------|------------|----------------------|
| Dad Pumpkin | 01/26/2015 | <input checked="" type="checkbox"/> | 02/10/2015 | View |

Options:

100%

2. If the date is on or before the Response Due date, a [Create Review](#) hyperlink displays. Click the hyperlink to create the Review.

Review History

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | Response Due | Response Received | Review Status |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|---------------------------------|-------------------|-------------------------------|
| Dad Pumpkin | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View 01/20/2015 | 00/00/0000 | No Response - Final |
| Mom Pumpkin | 02/09/2015 | 02/10/2015 | <input checked="" type="checkbox"/> | 02/09/2015 | View 02/24/2015 | 02/10/2015 | Create Review |
| Unknown Unknown | 02/09/2015 | N/A | <input type="checkbox"/> | N/A | N/A | 00/00/0000 | Unknown Maltreater |

Note: If the maltreater responds, but the Response Received is after the Response Due date, the Review Status is updated to 'Late Response-Final' upon Save.

3. The Appeals Record page opens first for the maltreater. Click [Create Review](#) next to the Assessment to open the Review Details page.

The screenshot shows a web browser window titled "Appeals Record -- Webpage Dialog". The page header features the "eWiSACWIS UAT" logo and navigation links for "Print", "Spell Check", and "Help".

Person Information

| | | | |
|------------------------------|-----------------|------------------|------------------------|
| Name: Pumpkin, Mom (9229356) | DOB: 10/10/1980 | SSN: 111-11-1111 | Search |
|------------------------------|-----------------|------------------|------------------------|

Review/Appeal Record

[Assessment ID: 9222091](#) Approved On: 02/09/2015 AM Response By: 02/24/2015 County: State [Create Review](#) [Create Appeal](#)

| |
|---|
| Allegation: Physical Abuse Victim: Pumpkin, Kid One |
| No reviews or appeals have been created for this allegation. |
| Allegation: Physical Abuse Victim: Pumpkin, Kid Two |
| No reviews or appeals have been created for this allegation. |

[Close](#)

Note: Once the Response Received date has been entered and saved, a worker without case assignment can create the review via the [Create Review](#) hyperlink from the page.

4. The Review Details Page is divided into four group boxes: General Information, Review Tracking, Rescheduled Review, and Review Outcome. Dates on the page are automatically calculated and prefill according to the policy timeline.

Enter the Date, Time, and Location/Call Information for the Review.

Review Details -- Webpage Dialog

eWiSACWIS UAT TM Print Spell Check REC Help ?

General Information

Name: [Pumpkin, Mom \(9229356\)](#) DOB: 10/10/1980 SSN: 111-11-1111
Assessment Completed: 02/09/2015 Review Status: Pending

Review Tracking

Right to Review Letter Mailed on: 02/09/2015 Response from AM Due by: 02/24/2015 Response Received from AM on: 02/10/2015
Reply Due to AM No Later Than: 02/25/2015

Date of Letter: ☐ Sent Date & Time Scheduled: 00/00/0000 00:00 ☒ AM ☐ PM [Text](#)
Location/Call-In Information:

Enter a date.
mmddyyyy or mm/dd/yyyy

DHS
123 Maple Lane
Room 12345

[More...](#) [Less...](#) [Default](#)

Rescheduled Review

☐ Reschedule Requested Date Request Received: 00/00/0000
Date of Letter: ☐ Sent Date & Time Scheduled: 00/00/0000 00:00 ☒ AM ☐ PM
Location/Call-In Information: [More...](#) [Less...](#) [Default](#)

Review Outcome

Options: [Go](#) [Save](#) [Close](#)

If a Date Scheduled is entered for a Review that falls outside of this timeline, the following message appears and provides dates when the review should occur.

eWiSACWIS -- Webpage Dialog

According to the statutorily required timeframes under DCF Chapter 40, this review must occur between 02/17/2015 and 03/27/2015. Do you want to continue?

[Yes](#) [No](#)

5. Once all Review information is entered, launch the template by clicking the [Text](#) hyperlink.

Review Details -- Webpage Dialog

eWiSACWIS UAT

TM Print Spell Check Help

General Information

Name: [Pumpkin Mom \(9229356\)](#) DOB: 10/10/1980 SSN: 111-11-1111
Assessment Completed: 02/09/2015 Review Status: Pending

Review Tracking

Right to Review Letter Mailed on: 02/09/2015 Response from AM Due by: 02/24/2015 Response Received from AM on: 02/10/2015
Reply Due to AM No Later Than: 02/25/2015

Date of Letter: ☐ Sent Date & Time Scheduled: 02/18/2015 02:30 ☐ AM ☒ PM [Text](#)

Location/Call-In Information:

DHS
123 Maple Lane
Room 12345

[More...](#) [Less...](#) [Default](#)

Rescheduled Review

☐ Reschedule Requested Date Request Received: 00/00/0000

Date of Letter: ☐ Sent Date & Time Scheduled: 00/00/0000 00:00 ☐ AM ☐ PM

Location/Call-In Information:

[More...](#) [Less...](#) [Default](#)

Review Outcome

Options:

6. All information prefills to the template, except for the phone number. When complete, print the template and click Close & Return to eWiSACWIS to return to the Reviews Details page.

Notification of Initial Determination of Substantiated Child Maltreatment
Scheduled Review

Use of form: This form will be used to schedule the review of a child maltreatment initial determination. Personally identifiable information on the form will be used for identification purposes only.

Date: 02/10/2015

Mom Pumpkin
123 Main St.
Madison, WI 53701

Dear Mom Pumpkin:

We received your letter requesting our agency's review of the Initial Determination of Substantiated Child Maltreatment of you as a person who has abused and/or neglected one or more children. We have reviewed your request and have scheduled a review. The details of the review are as follows:

Date: 02/18/2015
Time: 02:30 PM
Location / Call-In Information:
DHS
123 Maple Lane
Room 12345

Please note the following procedures for this review process:

- You may be represented by an attorney.
- The purpose of this review is for you and/or your attorney to present information that is relevant to whether you have abused or neglected the child specified in your initial determination(s).
- You or your attorney may speak and present documentary evidence, but may not present witnesses and may not question agency staff who may be present.
- The agency is not required to present evidence or witnesses to support the determination.
- You may request a translator from the agency for this review if needed.
- The review will be scheduled for at least 1 hour.

If you do not attend the review, a decision will be made based on the information we currently have available on your case. You will be notified of the decision in writing within 15 days from the date of the review. If you have any questions regarding the review, or if you cannot appear on this date and time, please contact our agency at the number listed below.

Sincerely,

YOUR COUNTY
STREET ADDRESS
Madison, WI 53702
Telephone Number: (608) 123-4567 X 12345

7. On the Reviews Details page, check the Sent checkbox and then Save.

General Information
Name: [Pumpkin, Mom \(9229356\)](#) DOB: 10/10/1980 SSN: 111-11-1111
Assessment Completed: 02/09/2015 Review Status: Pending

Review Tracking
Right to Review Letter Mailed on: 02/09/2015 Response from AM Due by: 02/24/2015 Response Received from AM on: 02/10/2015
Reply Due to AM No Later Than: 02/25/2015
Date of Letter: 02/10/2015 ☒ Sent Date & Time Scheduled: 02/18/2015 02:30 ☐ AM ☒ PM [Text](#)
Location/Call-In Information:
DHS
123 Maple Lane
Room 12345
[More...](#) [Less...](#) [Default](#)

8. Upon Save, the template is frozen and the [Text](#) hyperlink will change to [View](#).
9. A maltreater may request one rescheduling of the Review if it is within the timeline established by policy. To enter a Rescheduled Review, go to the Review Details page and select the checkbox in the Reschedule Requested group box to enable the fields. Enter the required information and click the [Text](#) hyperlink to launch the template.

Review Details -- Webpage Dialog

eWiSACWIS UAT TM Print Spell Check REC Help ?

General Information
Name: [Pumpkin, Mom \(9229356\)](#) DOB: 10/10/1980 SSN: 111-11-1111
Assessment Completed: 02/09/2015 Review Status: Pending

Review Tracking
Right to Review Letter Mailed on: 02/09/2015 Response from AM Due by: 02/24/2015 Response Received from AM on: 02/10/2015
Reply Due to AM No Later Than: 02/25/2015
Date of Letter: 02/10/2015 ☒ Sent Date & Time Scheduled: 02/18/2015 02:30 ☐ AM ☒ PM [View](#)
Location/Call-In Information:
DHS
123 Maple Lane
Room 12345
[More...](#) [Less...](#) [Default](#)

Rescheduled Review
☒ Reschedule Requested Date Request Received: 02/10/2015
Date of Letter: ☐ Sent Date & Time Scheduled: 02/20/2015 01:00 ☒ AM ☐ PM [Text](#)
Location/Call-In Information:
DHS
123 Maple Lane
Room 5757
[More...](#) [Less...](#) [Default](#)

Review Outcome
Options: [Go](#) [Save](#) [Close](#)

10. All information prefills to the template, except for the phone number. When complete, print the template and click Close & Return to eWiSACWIS to return to the Reviews Details page.

**Notification of Initial Determination of Substantiated Child Maltreatment
Rescheduled Review**

Use of form: This form will be used to reschedule the review of a child maltreatment initial determination. Personally identifiable information on the form will be used for identification purposes only.

Date: 02/10/2015

Mom Pumpkin
123 Main St.
Madison, WI 53701

Dear Mom Pumpkin:

We received your request to reschedule our agency's review of the Initial Determination of Substantiated Child Maltreatment of you as a person who has abused and/or neglected one or more children. The details of the rescheduled review are as follows:

Date: 02/20/2015
Time: 01:00 AM
Location / Call-In Information:
DHS
123 Maple Lane
Room 5757

Please note the following procedures for this review process:

- You may be represented by an attorney.
- The purpose of this review is for you and/or your attorney to present information that is relevant to whether you have abused or neglected the child specified in your initial determination(s).
- You or your attorney may speak and present documentary evidence, but may not present witnesses and may not question agency staff who may be present.
- The agency is not required to present evidence or witnesses to support the determination.
- You may request a translator from the agency for this review if needed.
- The review will be scheduled for at least 1 hour.

If you do not attend the review, a decision will be made based on the information we currently have available on your case. You will be notified of the decision in writing within 15 days from the date of the review. If you have any questions regarding the review, or if you cannot appear on this date and time, please contact our agency at the number listed below.

Sincerely,

YOUR COUNTY
STREET
Madison, WI 53702
Telephone Number: (608) 123-4545 ext. 2225

11. On the Reviews Details page, check the Sent checkbox and click the Save button.

Rescheduled Review

☒ Reschedule Requested

Date Request Received: 02/10/2015

Date of Letter: 02/10/2015

☒ Sent

Date & Time Scheduled: 02/20/2015 01:00 AM PM [Text](#)

Location/Call-In Information:

DHS
123 Maple Lane
Room 5757

[More...](#) [Less...](#) [Default](#)

12. Upon Save, the template is frozen and the [Text](#) hyperlink changes to [View](#).

13. Once a Review is held, return to the Review Details page to enter the Review Outcome.

First, select the appropriate radio button- 'Review Occurred', or 'AM (Alleged Maltreater) Failed to Appear' in the Review Outcome group box. Once a radio button is selected, the most recently entered Scheduled/Reschedule review Date & Time will automatically prefill.

Review Details -- Webpage Dialog

eWiSACWIS UAT

TM Print Spell Check Help

General Information

Name: [Pumpkin, Mom \(9229356\)](#) DOB: 10/10/1980 SSN: 111-11-1111
Assessment Completed: 02/09/2015 Review Status: Pending

Date of Letter: 02/10/2015 ☒ Sent Date & Time Scheduled: 02/20/2015 01:00 AM ☐ PM [View](#)

Location/Call-In Information:

DHS
123 Maple Lane
Room 5757
[More...](#) [Less...](#) [Default](#)

Review Outcome

Date & Time of Review: 00/00/0000 00:00 AM ☐ PM ☐ Review Occurred ☐ AM Failed to Appear

| Report ID | Victim | Relationship to Victim | A/N Code | Description | Review Status |
|-----------|------------------|------------------------|----------------|---|-------------------------|
| 9006399 | Pumpkin, Kid One | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | Pending |
| 9006399 | Pumpkin, Kid Two | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | Pending |

Reasons for Determination:

[More...](#) [Less...](#) [Default](#)

Determination Must Be Mailed By: Date of Letter: ☐ Sent

Options: [Go](#) [Save](#) [Close](#)

If **‘Review Occurred’** is selected, the review status for each allegation becomes enabled. Select the appropriate allegation outcome.

Review Details -- Webpage Dialog

eWiSACWIS UAT

TM Print Spell Check Help

General Information

Name: [Pumpkin, Mom \(9229356\)](#) DOB: 10/10/1980 SSN: 111-11-1111
 Assessment Completed: 02/09/2015 Review Status: Pending

Date of Letter: 02/10/2015 ☒ Sent Date & Time Scheduled: 02/20/2015 01:00 AM ☐ PM [View](#)

Location/Call-In Information:
 DHS
 123 Maple Lane
 Room 5757
[More...](#) [Less...](#) [Default](#)

Review Outcome

Date & Time of Review: 02/20/2015 01:00 AM ☐ PM ☒ Review Occurred ☐ AM Failed to Appear

| Report ID | Victim | Relationship to Victim | A/N Code | Description | Review Status |
|-----------|------------------|------------------------|----------------|---|--------------------------------------|
| 9006399 | Pumpkin, Kid One | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | <input type="text" value="Upheld"/> |
| 9006399 | Pumpkin, Kid Two | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | <input type="text" value="Pending"/> |

Reasons for Determination:

[More...](#) [Less...](#) [Default](#)

Determination Must Be Mailed By: 03/07/2015 Date of Letter: Sent [Text](#)

Options: [Go](#) [Save](#) [Close](#)

If **‘AM Failed to Appear’** is selected, the Review Status for each allegation will automatically be changed to ‘Upheld’ and is disabled.

14. When completed, click the [Text](#) hyperlink to launch the Notice of Final Determination of Substantiated Child Maltreatment and Right to Request an Appeal.

15. If any allegation is still ‘Pending’ the following message will display.

eWiSACWIS -- Webpage Dialog

A Review Status for an allegation is still Pending. Please select the appropriate Review Status of Upheld or Overturned to continue.

[Close](#)

16. Enter information into the user entered fields. When complete, print the template and click Close & Return to eWiSACWIS to return to the Review Details page.

1 2 3 4 5 6 7 8

Notice of Final Determination of Substantiated Child Maltreatment and Right to Request an Appeal

Use of form: This form will be used to finalize the child maltreatment initial determination. Personally identifiable information on the form will be used for identification purposes only.

Date of Notice of Final Determination of Substantiated Child Maltreatment: 02/10/2015

Mom Pumpkin
123 Main St.
Madison, WI 53701

Dear Mom Pumpkin:

As described in the **Notice of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review** letter dated 02/09/2015, our agency concluded the following child or children were abused and/or neglected by you as follows:

You were substantiated for Physical Abuse of Pumpkin, Kid One.
The basis for this determination is as follows: Basis...

You were substantiated for Physical Abuse of Pumpkin, Kid Two.
The basis for this determination is as follows: Basis...

This letter provides the Final Determination of Substantiated Child Maltreatment for each Initial Determination of Substantiated Child Maltreatment listed above and provides you with information regarding how you can appeal any Final Determination of Substantiated Child Maltreatment.

Final Determination of Substantiated Child Maltreatment

An agency review of the Initial Determination of Substantiated Child Maltreatment was held on 02/20/2015.

Based on our agency's investigation and subsequent agency review, the following are the final results for each of the Initial Determination of Substantiated Child Maltreatment listed above:

Physical Abuse of Pumpkin, Kid One resulting in a Final Determination of Child Maltreatment of **substantiated**.
The reason for the final determination is as follows: Reason...

Physical Abuse of Pumpkin, Kid Two resulting in a Final Determination of Child Maltreatment of **unsubstantiated**.
The reason for the final determination is as follows: Reason...

Right to Appeal a Final Determination of Substantiated Child Maltreatment

As described in the letter providing you with the **Notice of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review**, you may request an appeal hearing at the Wisconsin Division of Hearings and Appeals for any Final Determination of Substantiated Child Maltreatment. At an appeal hearing, you may present relevant evidence, including written or documentary evidence, testimony, and may

17. On the Reviews Details page, check the Sent checkbox and then Save.

Review Outcome

Date & Time of Review: 02/20/2015 01:00 AM PM ☒ Review Occurred ☐ AM Failed to Appear

| Report ID | Victim | Relationship to Victim | A/N Code | Description | Review Status |
|-----------|------------------|------------------------|----------------|---|---------------|
| 9006399 | Pumpkin, Kid One | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | Upheld |
| 9006399 | Pumpkin, Kid Two | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | Overturned |

Reasons for Determination:

[More...](#) [Less...](#) [Default](#)

Determination Must Be Mailed By: 03/07/2015 Date of Letter: 02/10/2015 ☒ Sent [Text](#)

18. Upon Save, the fields and template are frozen and the [Text](#) hyperlink changes to [View](#). To complete the Review, send it for supervisory approval.

Review Details -- Webpage Dialog

eWiSACWIS UAT TM Print Spell Check Help

General Information

Name: [Pumpkin, Mom \(9229356\)](#) DOB: 10/10/1980 SSN: 111-11-1111
Assessment Completed: 02/09/2015 Review Status: Pending

Date of Letter: 02/10/2015 ☒ Sent Date & Time Scheduled: 02/20/2015 01:00 AM PM [View](#)

Location/Call-In Information:

DHS
123 Maple Lane
Room 5757

[More...](#) [Less...](#) [Default](#)

Review Outcome

Date & Time of Review: 02/20/2015 01:00 AM PM ☒ Review Occurred ☐ AM Failed to Appear

| Report ID | Victim | Relationship to Victim | A/N Code | Description | Review Status |
|-----------|------------------|------------------------|----------------|---|---------------|
| 9006399 | Pumpkin, Kid One | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | Upheld |
| 9006399 | Pumpkin, Kid Two | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | Overturned |

Reasons for Determination:

[More...](#) [Less...](#) [Default](#)

Determination Must Be Mailed By: 03/07/2015 Date of Letter: 02/10/2015 ☒ Sent [View](#)

Options: Approval Go Save Close

[Actions](#)
[Approval](#)

19. Upon approval, the overall Review Status is updated accordingly and the page is frozen.

General Information
Name: [Pumpkin, Mom \(9229356\)](#) DOB: 10/10/1980 SSN: 111-11-1111
Assessment Completed: 02/09/2015 Review Status: **Upheld**

Review Tracking
Right to Review Letter Mailed on: 02/09/2015 Response from AM Due by: 02/24/2015 Response Received from AM on: 02/10/2015
Reply Due to AM No Later Than: 02/25/2015
Date of Letter: 02/10/2015 ☒ Sent Date & Time Scheduled: 02/18/2015 02:30 ☐ AM ☒ PM [View](#)
Location/Call-In Information:
DHS
123 Maple Lane
Room 12345
[More...](#) [Less...](#) [Default](#)

Rescheduled Review
☒ Reschedule Requested Date Request Received: 02/10/2015
Date of Letter: 02/10/2015 ☒ Sent Date & Time Scheduled: 02/20/2015 01:00 ☐ AM ☒ PM [View](#)
Location/Call-In Information:
DHS
123 Maple Lane
Room 5757
[More...](#) [Less...](#) [Default](#)

Review Outcome
Date & Time of Review: 02/20/2015 01:00 ☐ AM ☒ PM ☒ Review Occurred ☐ AM Failed to Appear

| Report ID | Victim | Relationship to Victim | A/N Code | Description | Review Status |
|-----------|------------------|------------------------|----------------|---|---------------|
| 9006399 | Pumpkin, Kid One | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | Upheld |
| 9006399 | Pumpkin, Kid Two | Biological Parent(s) | Physical Abuse | Bruising-Cut/Laceration/Bite-Other Indicator/Injury | Overturned |

Reasons for Determination:

Determination Must Be Mailed By: 03/07/2015 Date of Letter: 02/10/2015 ☒ Sent [View](#)

Note: If any allegation is 'Upheld' the overall Review Status is 'Upheld'.

20. On the maltreater's Review/Appeal Record page:

- The overall Review Status will be reflected on the Review/Appeal Record page, regardless of the individual allegation determination.
- The [Text](#) hyperlink will change to [View](#).

Person Information
 Name: Pumpkin, Mom (9229356) DOB: 10/10/1980 SSN: 111-11-1111 [Search](#)

Review/Appeal Record
[Assessment ID: 9222091](#) Approved On: 02/09/2015 AM Response By: 02/24/2015 County: State [Create Review](#) [Create Appeal](#)

| | | | | | |
|---|------------|--------|---------------|----------------------|--|
| Allegation: Physical Abuse Victim: Pumpkin, Kid One | | | | | |
| Review of Initial Determination | 02/20/2015 | Upheld | Substantiated | View | |
| Allegation: Physical Abuse Victim: Pumpkin, Kid Two | | | | | |
| Review of Initial Determination | 02/20/2015 | Upheld | Substantiated | View | |

21. On the associated substantiated Initial Assessment:

- Any 'Overturned' allegations are changed to 'Unsubstantiated' for the maltreater.
- 'Upheld' allegations remain as 'Substantiated'.
- Each allegation for the maltreater is marked as 'Review', and a [Review](#) hyperlink appears next to the maltreater & determination.

https://apps.dcf.wisconsin.gov/?action=EDIT&IVGN_ID_CASE=9224140&IVGN_ID_INVS=9222091 - Assess - Windows Internet Expl...
eWiSACWIS UAT Resource TM Print Spell Check Help

Assessment **Report**
 Name: Pumpkin, Mom Assessment ID: 9222091 Status: Open Response Time: Within 24 - 48 Hours Date: 02/01/2015

Participants Basic Allegations Contacts Results Reviews

Allegations

| Report ID | Alleged Victim | A/N Code | Determination | Dt or Approx Dt of Alleged Mal | Resided in OHC | Medical | Fatality | |
|-----------|-----------------|--|---------------|--------------------------------|----------------|---------|----------|--|
| 9006399 | Kid One Pumpkin | Physical Abuse Describe | Substantiated | 01/30/2015 | N | N | N | Review View |
| 9006399 | Kid One Pumpkin | Sexual Abuse Describe | Substantiated | 01/30/2015 | N | N | N | View |
| 9006399 | Kid Two Pumokin | Physical Abuse | Substantiated | 01/30/2015 | N | N | N | Review |

Maltreater(s)

| Alleged Maltreater | Relationship to Victim | Determination | |
|--------------------|------------------------|---------------------------|------------------------|
| Unknown Unknown | Unknown | Not able to locate source | |
| Mom Pumpkin | Biological Parent(s) | Substantiated | Review |

☐ Independent Investigation County of Origination: ☐ Is the alleged victim(s) in Agency legal and/or physical custody

[Save](#) [Close](#)

- The Review Status for the maltreater on the Reviews tab will be updated to the final overall determination and is a hyperlink to the Review Details page.

https://apps.dcf.wisconsin.gov/?action=EDIT&IVGN_ID_CASE=9224140&IVGN_ID_INVS=9222091 - Assess - Windows Internet Expl...

eWISACWIS UAT Resource TM Print Spell Check Help

Assessment
 Name: Pumpkin, Mom Assessment ID: 9222091 Status: Open

Report
 Response Time: Within 24 - 48 Hours Date: 02/01/2015

Participants Basic Allegations Contacts Results **Reviews**

Review History

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | | Response Due | Response Received | Review Status |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|----------------------|--------------|-------------------|---------------------------------|
| Dad Pumpkin | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/20/2015 | 02/10/2015 | Late Response-Final |
| Mom Pumpkin | 02/09/2015 | 02/10/2015 | <input checked="" type="checkbox"/> | 02/09/2015 | View | 02/24/2015 | 02/10/2015 | Review - Upheld |
| Unknown Unknown | 02/09/2015 | N/A | <input type="checkbox"/> | N/A | | N/A | 00/00/0000 | Unknown Maltreater |

No Response Received
 The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40.

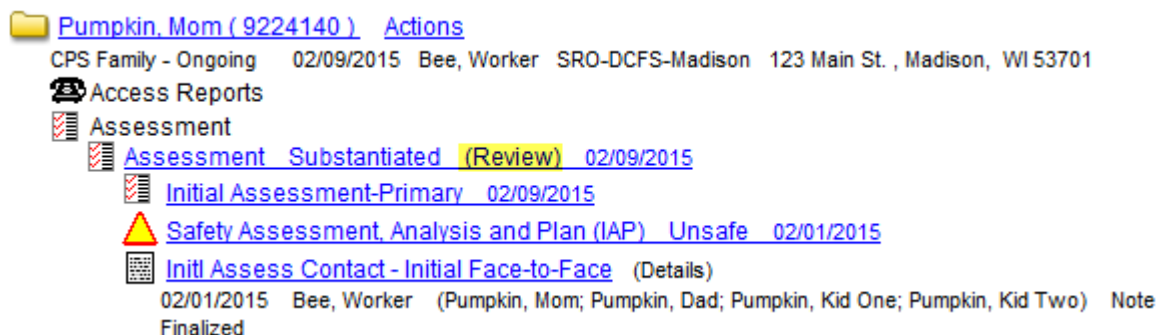
| Substantiated Maltreater | Determination To Be Mailed By | Sent | Date Sent | |
|--------------------------|-------------------------------|-------------------------------------|------------|----------------------|
| Dad Pumpkin | 01/26/2015 | <input checked="" type="checkbox"/> | 02/10/2015 | View |

Options: [Go](#) [Save](#) [Close](#)

100%

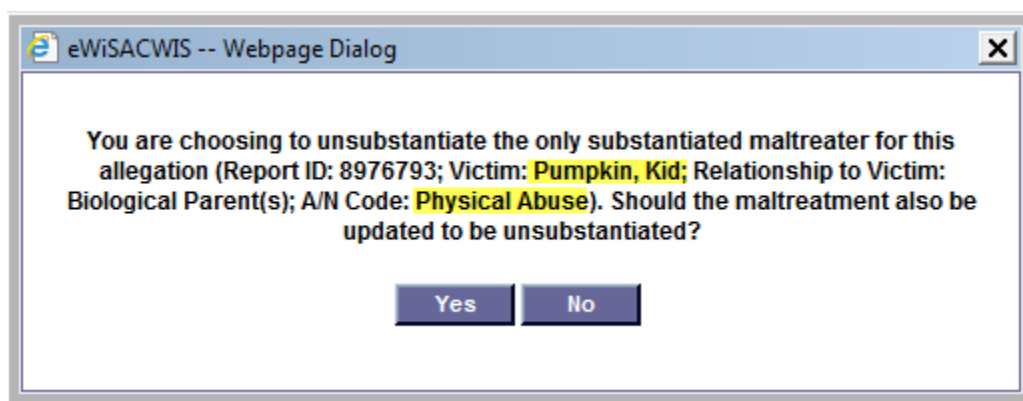
22. On the Desktop Outliner:

- (Review) text is added to the associated Assessment hyperlink on the outliner to indicate a Review is present.

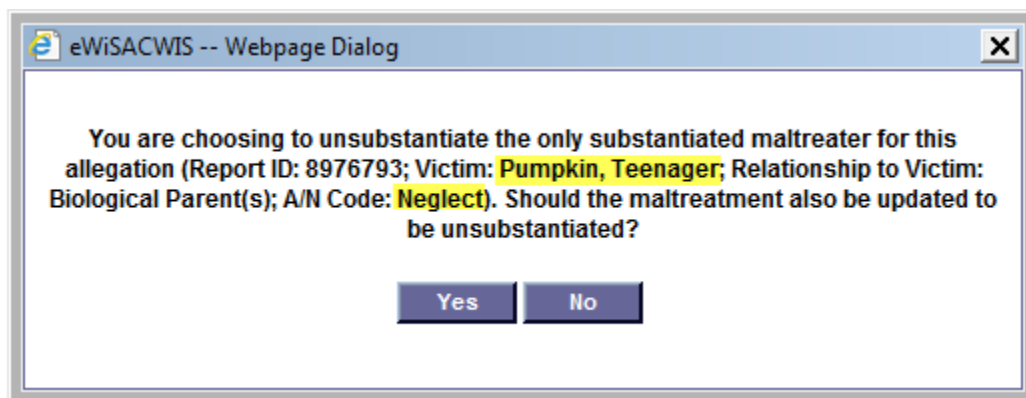


Note: The Review text only changes if a subsequent appeal is entered, or the Review is Voided.

23. In a situation where all allegations are overturned for the maltreater(s), the following message(s) will appear when sending for supervisory approval. A message appears for each child, and each allegation per child.



Selecting 'Yes'- indicates that abuse/neglect never occurred.



Selecting 'No'- indicates that the abuse/neglect occurred and that it is unknown who did it.

24. On the associated Initial Assessment-

On the Reviews Tab- A [Review - Overturned](#) hyperlink displays in the Review Status for the maltreater and opens the Review Details Page.

eWiSACWIS UAT

Resource TM Print Spell Check Help

Assessment
Name: Pumpkin, Mom Assessment ID: 8340916 Status: Open

Report
Response Time: Within 5 business days Date: 01/01/2015

Participants Basic Allegations Contacts Results Reviews

Review History

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | Response Due | Response Received | Review Status |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|----------------------|-------------------|--|
| Dad Pumpkin | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/20/2015 | 01/19/2015 Review - Overturned |
| Mom Pumpkin | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/20/2015 | 01/19/2015 Review - Overturned |

On the Allegations tab- **Review** text appears on the allegation row(s). A [Review](#) hyperlink displays next to the maltreater and opens the Review Details page.

- When **‘Yes’** has been selected to the Unsubstantiated message when sending for approval, both the Allegation(s) and Maltreater(s) Determinations for the allegation(s) are changed to ‘Unsubstantiated’.

https://apps.dcf.wisconsin.gov/ - Assessment - Windows Internet Explorer

eWiSACWIS UAT Resource TM Print Spell Check Help

Assessment
 Name: Pumpkin, Mom Assessment ID: 8340916 Status: Open

Report
 Response Time: Within 5 business days Date: 01/01/2015

Participants **Basic** Allegations Contacts Results Reviews

Allegations

| Report ID | Alleged Victim | A/N Code | Determination | Dt or Approx Dt of Alleged Mal | Resided in OHC | Medical | Fatality | |
|--|------------------|---|-----------------|--------------------------------|----------------|---------|----------|--|
| <input checked="" type="radio"/> 8976793 | Kid Pumpkin | Physical Abuse Describe | Unsubstantiated | 12/31/2014 | N | N | N | Review View |
| <input type="radio"/> 8976793 | Teenager Pumpkin | Neglect Describe | Substantiated | 12/31/2014 | N | N | N | Review View |

[Insert](#)

Maltreater(s)

| Alleged Maltreater | Relationship to Victim | Determination | |
|--------------------|------------------------|-----------------|------------------------|
| Mom Pumpkin | Biological Parent(s) | Unsubstantiated | Review |
| Dad Pumpkin | Biological Parent(s) | Unsubstantiated | Review |

[Insert](#)

☐ Independent Investigation County of Origination: ☐ Is the alleged victim(s) in Agency legal and/or physical custody

[Save](#) [Close](#)

100%

- When 'No' has been selected to the Unsubstantiated message when sending for approval, the allegation(s) on the associated Initial Assessment for the maltreater are changed to 'Unsubstantiated' and a Maltreater of 'Unknown Unknown' is inserted with a determination of 'Substantiated'.

https://apps.dcf.wisconsin.gov/ - Assessment - Windows Internet Explorer

eWiSACWIS UAT

Resource TM Print Spell Check Help

Assessment
Name: Pumpkin, Mom Assessment ID: 8340916 Status: Open

Report
Response Time: Within 5 business days Date: 01/01/2015

Participants Basic **Allegations** Contacts Results Reviews

Allegations

| Report ID | Alleged Victim | A/N Code | Determination | Dt or Approx Dt of Alleged Mal | Resided in OHC | Medical | Fatality | |
|--|------------------|---|-----------------|--------------------------------|----------------|---------|----------|--|
| <input type="radio"/> 8976793 | Kid Pumpkin | Physical Abuse Describe | Unsubstantiated | 12/31/2014 | N | N | N | Review View |
| <input checked="" type="radio"/> 8976793 | Teenager Pumpkin | Neglect Describe | Substantiated | 12/31/2014 | N | N | N | Review View |

[Insert](#)

Maltreater(s)

| Alleged Maltreater | Relationship to Victim | Determination | |
|--------------------|------------------------|-----------------|------------------------|
| Dad Pumpkin | Biological Parent(s) | Unsubstantiated | Review |
| Unknown Unknown | Unknown | Substantiated | |

[Insert](#)

☐ Independent Investigation County of Origination:

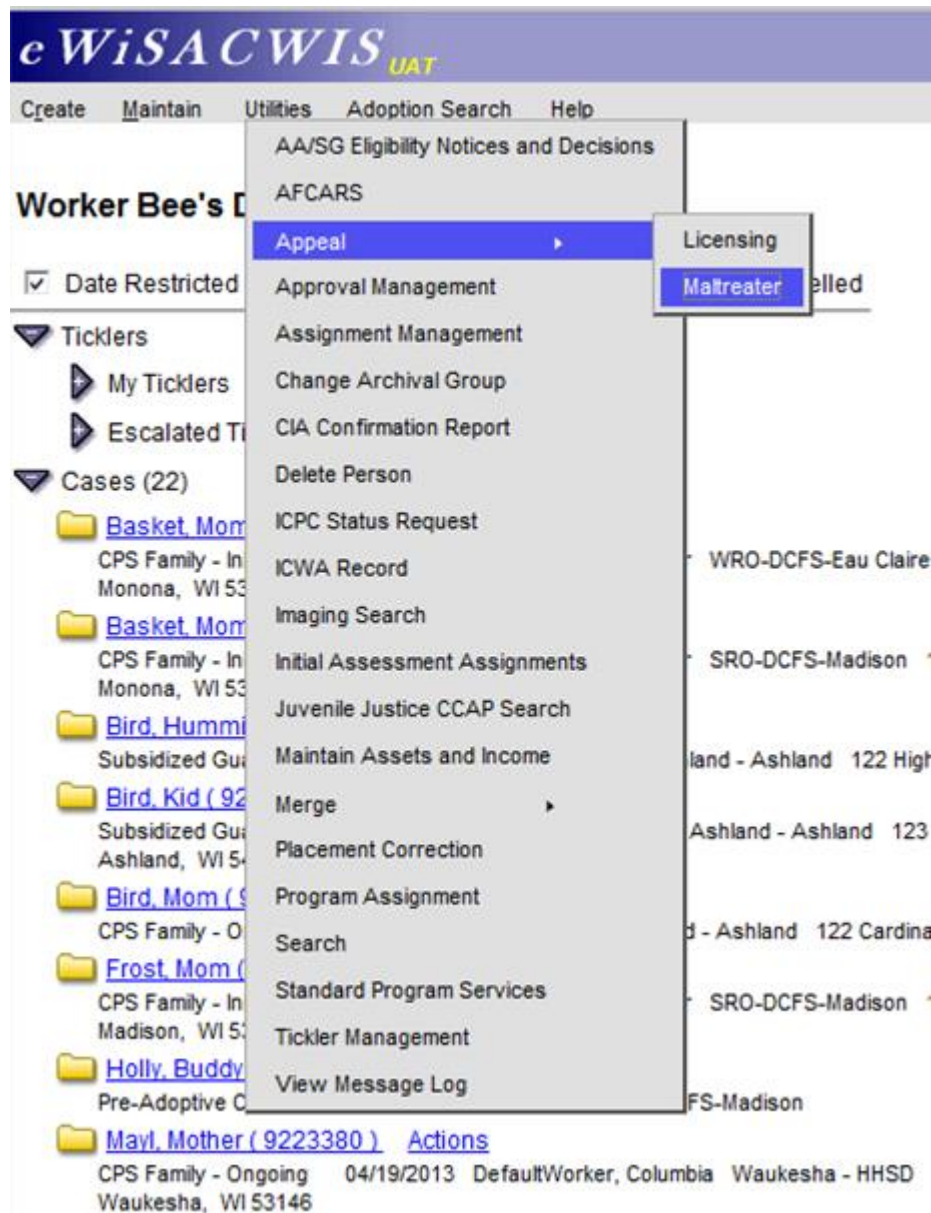
☐ Is the alleged victim(s) in Agency legal and/or physical custody

[Save](#) [Close](#)

100%

Voiding a Maltreater Review

1. Select Utilities > Appeal > Maltreater. This opens Person Search for the Review/Appeal Record.



2. Search out the maltreater, select the radio button next to the name, and click Continue.

Person Search -- Webpage Dialog

eWiSACWIS UAT Print Spell Check Help

Search Criteria

Last Name: First Name: Person ID:
SSN: DOB: Gender:
Street: City: ZIP Code:
☒ Incl. AKA Search Precision: Sort By: Search

Record 1 to 1 of 1

Persons Returned

☒ [Pumpkin, Mom \(9229356 \)](#) 123 Main St., Madison Female 10/10/1980 Caucasian

Create Continue Close

3. On the Review/Appeal Record, click the [View](#) hyperlink next to the appropriate Review of Initial Determination to open the Review Details page.

https://apps.dcf.wisconsin.gov/ - Appeal Record - Windows Internet Explorer

eWiSACWIS UAT Print Spell Check Help

Person Information
Name: Pumpkin, Mom (9229356) DOB: 10/10/1980 SSN: 111-11-1111 [Search](#)

Review/Appeal Record
[Assessment ID: 9222091](#) Approved On: 02/09/2015 AM Response By: 02/24/2015 County: State [Create Review](#) [Create Appeal](#)

| | | | | |
|---|------------|--------|---------------|----------------------|
| Allegation: Physical Abuse Victim: Pumpkin, Kid One | | | | |
| Review of Initial Determination | 02/20/2015 | Upheld | Substantiated | View |
| Allegation: Physical Abuse Victim: Pumpkin, Kid Two | | | | |
| Review of Initial Determination | 02/20/2015 | Upheld | Substantiated | View |

[Close](#)

100%

4. On the Review Details page, select 'Void Review' from the Options drop-down and click Go.

Review Details -- Webpage Dialog

General Information

Name: [Pumpkin, Mom \(9229356\)](#) DOB: 10/10/1980 SSN: 111-11-1111
Assessment Completed: 02/09/2015 Review Status: Upheld

Review Tracking

Right to Review Letter Mailed on: 02/09/2015 Response from AM Due by: 02/24/2015 Response Received from AM on: 02/10/2015
Reply Due to AM No Later Than: 02/25/2015

Date of Letter: 02/10/2015 ☒ Sent Date & Time Scheduled: 02/18/2015 02:30 AM ☐ PM [View](#)

Location/Call-In Information:
DHS
123 Maple Lane
Room 12345
[More...](#) [Less...](#) [Default](#)

Rescheduled Review

☒ Reschedule Requested Date Request Received: 02/10/2015

Date of Letter: 02/10/2015 ☒ Sent Date & Time Scheduled: 02/20/2015 01:00 AM ☐ PM [View](#)

Location/Call-In Information:
DHS
123 Maple Lane
Room 5757
[More...](#) [Less...](#) [Default](#)

Review Outcome

Options: **Void Review** [Go](#) [Save](#) [Close](#)

[Actions](#)
[Approval](#)
[Void Review](#)

5. The following message will appear. Select 'Yes' to void the Review and return to the Review/Appeal Record page.

eWiSACWIS -- Webpage Dialog

This will void out this Review Details page. Are you sure you want to continue?

[Yes](#) [No](#)

- On the Review/Appeals Record page 'Voided' will display for each allegation on the associated Assessment.

Person Information

Name: Pumpkin, Mom (9229356) DOB: 10/10/1980 SSN: 111-11-1111 [Search](#)

Review/Appeal Record

[Assessment ID: 9222091](#) Approved On: 02/09/2015 AM Response By: 02/24/2015 County: State [Create Review](#) [Create Appeal](#)

| | |
|---|--|
| Allegation: Physical Abuse Victim: Pumpkin, Kid One | |
| Review of Initial Determination | 02/20/2015 Voided Substantiated View |
| Allegation: Physical Abuse Victim: Pumpkin, Kid Two | |
| Review of Initial Determination | 02/20/2015 Voided Substantiated View |

- On the Review tab of the Assessment, the Review Status will be changed to [Create Review](#).

https://appsa.dcf.wisconsin.gov/?action=EDIT&IVGN_ID_CASE=9224140&IVGN_ID_INVS=9222091 - Assess - Windows Internet Expl...

eWiSACWIS UAT Resource TM Print Spell Check Help

Assessment **Report**

Name: Pumpkin, Mom Assessment ID: 9222091 Status: Open Response Time: Within 24 - 48 Hours Date: 02/01/2015

Participants **Basic** **Allegations** **Contacts** **Results** **Reviews**

Review History

| Substantiated Maltreater | Assessment Approved | Notice To Be Mailed By | Sent | Date Sent | | Response Due | Response Received | Review Status |
|--------------------------|---------------------|------------------------|-------------------------------------|------------|----------------------|--------------|-------------------|-------------------------------|
| Dad Pumpkin | 01/04/2015 | 01/05/2015 | <input checked="" type="checkbox"/> | 01/05/2015 | View | 01/20/2015 | 02/10/2015 | Late Response-Final |
| Mom Pumpkin | 02/09/2015 | 02/10/2015 | <input checked="" type="checkbox"/> | 02/09/2015 | View | 02/24/2015 | 02/10/2015 | Create Review |
| Unknown Unknown | 02/09/2015 | N/A | <input type="checkbox"/> | N/A | | N/A | 00/00/0000 | Unknown Maltreater |

No Response Received

The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40.

| Substantiated Maltreater | Determination To Be Mailed By | Sent | Date Sent | |
|--------------------------|-------------------------------|-------------------------------------|------------|----------------------|
| Dad Pumpkin | 01/26/2015 | <input checked="" type="checkbox"/> | 02/10/2015 | View |

Options:

100%

Viewing the Appeal Record Page

A maltreater review status displays during different stages of the maltreater due process and review timeline on the Review/Appeal page. The message can be found under each allegation line of the associated Assessment as follows:

1. **Awaiting response from maltreater.-** Displays when the Notice of Initial Determination of Substantiated Child Maltreatment and Right to Request a Review has been marked as sent, but the AM Response By date has not passed or a Review has not been started.

The screenshot shows a web browser window titled "https://apps.dcf.wisconsin.gov/ - Appeal Record - Windows Internet Explorer". The page header features the "eWiSACWIS UAT" logo and navigation links for "Print", "Spell Check", "REC", and "Help".

Person Information

| | | | |
|----------------------------|-----------------|------|------------------------|
| Name: Patch, Mom (9229391) | DOB: 10/10/1980 | SSN: | Search |
|----------------------------|-----------------|------|------------------------|

Review/Appeal Record

[Assessment ID: 9222131](#) Approved On: 02/12/2015 AM Response By: 02/27/2015 County: State [Create Review](#) [Create Appeal](#)

| | |
|------------------------------------|--------------------------------|
| Allegation: Neglect | Victim: Patch, Kid |
| Awaiting response from maltreater. | |
| Allegation: Neglect | Victim: Patch, Teenager |
| Awaiting response from maltreater. | |

[Close](#)

100%

2. **The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40.-** Displays if the maltreater did not request a review and the Response Due date (from the maltreater) has past.

| Person Information | | | |
|----------------------------|-----------------|------|------------------------|
| Name: Patch, Mom (9229391) | DOB: 10/10/1980 | SSN: | Search |

| Review/Appeal Record | | | |
|--|-------------------------|----------------------------|---|
| Assessment ID: 9222131 | Approved On: 02/12/2015 | AM Response By: 01/15/2015 | County: State Create Review Create Appeal |
| Allegation: Neglect Victim: Patch, Kid | | | |
| The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40. | | | |
| Allegation: Neglect Victim: Patch, Teenager | | | |
| The maltreater did not request a review of the initial determination within the designated timeframe per DCF Chapter 40. | | | |

3. **When a Review has been entered:**

| Person Information | | | |
|------------------------------|-----------------|------------------|------------------------|
| Name: Pumpkin, Mom (9229356) | DOB: 10/10/1980 | SSN: 111-11-1111 | Search |

| Review/Appeal Record | | | |
|--|-------------------------|----------------------------|---|
| Assessment ID: 9222091 | Approved On: 02/09/2015 | AM Response By: 02/24/2015 | County: State Create Review Create Appeal |
| Allegation: Physical Abuse Victim: Pumpkin, Kid One | | | |
| Review of Initial Determination | 02/20/2015 | Upheld | Substantiated View |
| Allegation: Physical Abuse Victim: Pumpkin, Kid Two | | | |
| Review of Initial Determination | 02/20/2015 | Upheld | Substantiated View |

Pending - When a Review has been started, but no Final Determination has been made.

Upheld, Substantiated- When the overall Review Status has been approved as ‘Upheld’.


Overtured, Unsubstantiated - When the overall Review Status has been approved as ‘Overtured’.

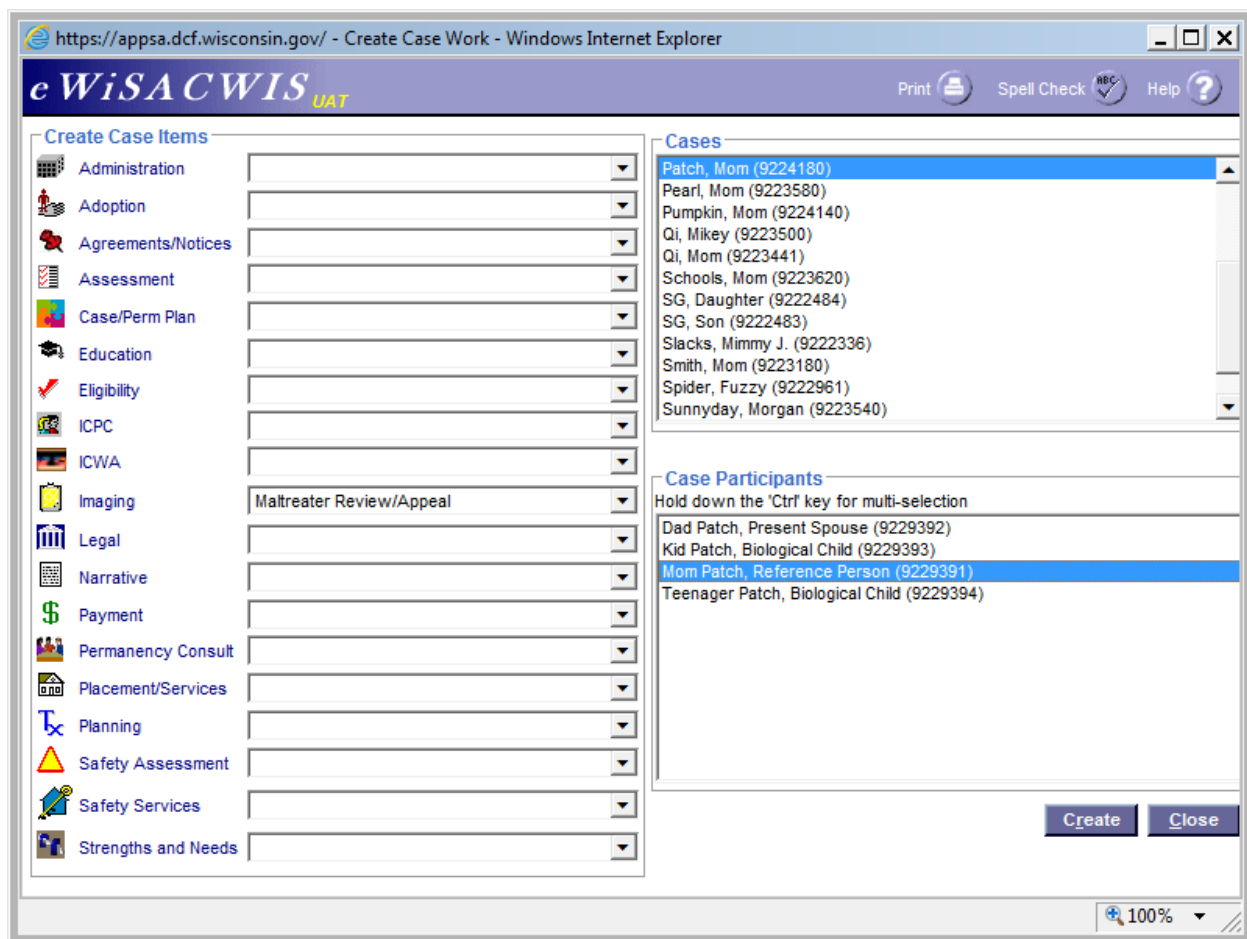
Voided – When a Review has been voided.

Creating Imaging Records for a Maltreater Review/Appeal

Note: The Imaging page can also be accessed via the desktop Menu>Utilities> Imaging Search page, which does not require an assignment to the case.

Note: Imaging for Maltreater Review/Appeal is not required.

1. From the desktop, select Create > Case Work or click the Case Work button  to open the Create Case Work page.
2. On the Create Case Work page, select 'Maltreater Review/Appeal' from the Imaging drop-down. Select the Case and Participant. Click Create to open the Imaging page.



The screenshot shows the 'Create Case Work' page in the eWiSACWIS UAT application. The browser address bar displays 'https://apps.dcf.wisconsin.gov/ - Create Case Work - Windows Internet Explorer'. The page has a purple header with the 'eWiSACWIS UAT' logo and navigation links for 'Print', 'Spell Check', 'ABC', and 'Help'.

The main content area is divided into two columns:

- Create Case Items:** A list of dropdown menus for selecting case items. The 'Imaging' dropdown is currently set to 'Maltreater Review/Appeal'.
- Cases:** A list of available cases. 'Patch, Mom (9224180)' is selected.
- Case Participants:** A list of participants for the selected case. 'Mom Patch, Reference Person (9229391)' is selected. A note above the list says 'Hold down the 'Ctrl' key for multi-selection'.

At the bottom right, there are 'Create' and 'Close' buttons. The status bar at the bottom indicates '100%' zoom.

- On the Imaging pop-up page, select the Type, Participant, and click Browse to upload the image. Click Save when finished.

https://apps.dcf.wisconsin.gov/ - Imaging - Windows Internet Explorer

eWiSACWIS UAT Print Spell Check Help

Case Details
Case: Patch, Mom (9224180) Worker: Worker Bee

Image Details

Date of Document: 02/04/2015

Category: Maltreater Review/Appeal

Type: Maltreater Request for Review

File Name: Malreater Request for Appeal Hearing
Maltreater Request for Review
Other

Comments:

Participants:
Patch, Dad (Present Spouse)
Patch, Kid (Bio Child)
Patch, Mom (Refernce Person)
Patch, Teenager (Bio Child)

Hold down the 'Ctrl' key for multi-selection

Last Updated By: Delete

Create Save Close

100%

- Images are available from the outline under the Assessment Icon, and via Imaging Search for the maltreater.

Patch, Mom (9224180) Actions

CPS Family - Ongoing 02/12/2015 Bee, Worker SRO-DCFS-Madison 555 Gourd Way , Apt.#3A. , Monona, WI 53716

Access Reports

Assessment

Assessment Substantiated 02/12/2015

Initial Assessment-Primary 02/12/2015

Safety Assessment, Analysis and Plan (IAP) Unsafe 02/02/2015

Initl Assess Contact - Initial Face-to-Face (Details)
02/01/2015 Bee, Worker (Patch, Mom; Patch, Dad; Patch, Kid; Patch, Teenager) Note Finalized

Images (1)

Maltreater Review/Appeal - Maltreater Request for Review (Details)
02/04/2015 Patch, Mom